2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069650

1. Entity Name

DIAZ GROUP HOLDINGS, LLC

FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134



01172007 No Chg-LLC

CR2E083 (11/05)

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4.	FEI Number
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	20-3474158
	20-34/4130

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RENE 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DO NOT WRITE IN THIS SPACE

Date

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE R		(NOTE: Registered Agent argnature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS		. ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, RENE 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-S1-ZIP			000000647190 03/06/07-80062-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyed to execute this report as required by Chapter 608, Florida Statutes.				

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE